

AETNA APPEAL PROCESS

OFFICE OF MANAGEMENT & BUDGET STATEWIDE BENEFITS OFFICE

INITIAL SERVICE

1. Employee receives service and a claim is filed by the employee (or by provider on employee's behalf) with the carrier.

IF DENIED,

LEVEL I APPEAL – ADMINISTERED BY AETNA

2. Employee must file an appeal with Aetna within 180 days from receipt of the notice of denial to request a second review of the claim,
3. Aetna approves or denies the appeal with written notice to the employee
 - a. Within 15 days for Pre-Service or Post-Service requests or
 - b. Within 36 hours for expedited appeals under certain conditions.

IF DENIAL IS UPHELD,

LEVEL II APPEAL – ADMINISTERED BY AETNA

4. Employee must file a Level II appeal within 45 days from receipt of the notice of denial of the Level I appeal.
5. Aetna approves or denies the appeal with written notice to the employee
 - a. Within 15 days for Pre-Service requests,
 - b. Within 30 days for Post-Service requests, or
 - c. Within 36 hours for expedited appeals under certain conditions.

IF DENIAL IS UPHELD,

LEVEL II(a) APPEAL – ADMINISTERED BY AETNA

****PLEASE NOTE – EMPLOYEE MAY SKIP LEVEL II(a) EXTERNAL APPEAL
WITH AETNA AND APPEAL TO THE STATEWIDE
BENEFITS OFFICE AFTER LEVEL II DENIAL**

6. Employee may request an External review with Aetna within 60 days from receipt of the notice of denial of the Level II appeal.

7. Aetna approves or denies appeal within:
- a. 30 days of receipt of appeal request and all necessary information, or
 - b. 3 to 5 calendar days for expedited requests under certain conditions.

IF DENIAL IS UPHELD;

LEVEL III APPEAL – ADMINISTERED BY THE STATEWIDE BENEFITS OFFICE

8. Employee may file an appeal of the denial in writing to the Statewide Benefits Office within 20 days of the postmark date of the notice of denial of the Level II or Level II(a) appeal.

Appeals Administrator
RE: APPEAL
Statewide Benefits Office
500 W. Loockerman Street,
Suite 320
Dover, DE 19904

9. The Appeals Administrator from the Statewide Benefits Office (or his/her designee) will conduct an internal review of the appeal and provide a written notice of the decision to the employee and the carrier within 30 days of receiving the appeal.

IF DENIAL IS UPHELD,

LEVEL IV APPEAL – ADMINISTERED BY THE STATE OF DELAWARE – STATE EMPLOYEE BENEFITS COMMITTEE

10. Employee may file a written appeal to the State Employee Benefits Committee (SEBC) within 20 days of the postmark date of the notice of denial from the Statewide Benefits Office.

Chair, State Employee Benefits Committee (SEBC)
RE: APPEAL
Office of Management and Budget
Haslet Armory, Third Floor
122 William Penn Street, Suite 301
Dover, DE 19901

11. The SEBC receives the appeal and:

- a. Identifies a Hearing Officer (Division Director, Statewide Benefits Office). The Hearing Officer conducts a hearing and submits a report to the SEBC within 60 days of the date of the hearing. The SEBC accepts or modifies the report, and notice of the decision is postmarked to the employee within 60 days; **OR**
- b. Hears the appeal, and notice of the decision is postmarked to the employee within 60 days of the hearing.

IF DENIAL IS UPHELD,

LEVEL V APPEAL – DELAWARE SUPERIOR COURT

- 12. The employee may appeal the decision to the Delaware Superior Court within 30 days of the postmark date of the notice of denial from the SEBC.